

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

ImmPact Individual User Agreement

Maine's Immunization Information System (ImmPact) is a statewide database of immunization histories. ImmPact is used to facilitate an organization's ability to (1) remind patients of needed immunizations; (2) standardize vaccine inventory management; (3) search and update patient records; (4) assess the need for immunizations; and (5) achieve other necessary and appropriate purposes.

In order to participate in ImmPact, the Individual User agrees to:

1. Access only immunization and health screening information in ImmPact necessary to perform authorized functions.
2. Read and comply with the *ImmPact Confidentiality and Security Policy*, including procedures to safeguard my personal user name and password against unauthorized use.
3. Use ImmPact consistent with this Agreement and the *ImmPact Confidentiality and Security Policy*.
4. Never require a patient to pay a charge or fee for the organization's use of ImmPact or for any information obtained from ImmPact.
5. Access records by using only my personal user name and password.
6. Comply with the *Immunization Information System Rules* (10-144 Code of Maine Rules Chapter 274).
<http://www.maine.gov/sos/cec/rules/10/144/144c274.doc>

-
- Failure to abide by this *Agreement* may result in the immediate suspension or termination of the individual's access to ImmPact and may result in other enforcement action.
 - This *Agreement* must be signed by both the individual requesting access to ImmPact and the organization's ImmPact Administrator.
 - This signed and dated *Agreement* must be kept on file for four (4) years with the designated ImmPact Administrator and made available to Maine Immunization Program (MIP) staff upon request.
 - By manually signing below, I agree to comply with the above conditions.

PHONE: (207) 287-3746

TTY USERS: Dial 711 (Maine Relay)

FAX: (207) 287-8127

Revised: 02/19/2019

First Name: _____ Middle Initial: _____ Last Name: _____

Name of Organization: _____ VFC Pin: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Name of ImmPact Administrator: _____

Title: _____ Phone: _____ Email: _____

This individual user has the following role-based authority:

- Vaccine Coordinator:** Manage users at organization; able to edit organization information; Views, enters and edits data as applicable regarding patient information, immunizations, blood test results; reports, data exchange; Inventory-manage inventory, transfers, orders, cold chain; Maintenance –Provider Agreement, manage physicians/clinicians; clinic events.
- Standard User:** Views, enters and edits data as applicable regarding patient information, immunizations, blood lead test results; data exchange; reports, Inventory-manage inventory, transfers, orders, cold chain; Maintenance-manage physicians/clinicians; clinic events.
- Limited Entry:** Views, enters and edits data as applicable regarding patient information, immunizations, reports, inventory, blood test results; cold chain.
- Reports Only:** Views patient information, immunizations, blood lead test results; Reports

Signature of Individual User: _____ Date: _____

Printed Name of Individual User: _____

Signature of ImmPact Administrator (Vaccine Coordinator): _____ Date: _____

Printed Name of Administrator: _____